



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

COMMERCE BUILDING  
8 Fourth Street East, Suite 200  
St Paul, Minnesota 55101-1024

Telephone: 651-266-9090  
Facsimile: 651-266-9124  
Web: www.stpaul.gov/dsi

## CITY OF SAINT PAUL BINGO HALL LICENSE APPLICATION

Please attach all requested information in the order listed. All copies should be made before you arrive at the License Division.

### State Forms are available at:

Department of Gaming  
Gambling Control Division  
1711 West County Road B  
Rosewood Plaza South, 3rd Fl.  
Roseville, MN 55113

- |    |   |             |
|----|---|-------------|
| 1) | Signed Copies of Complete Lease Agreements With<br>All Lawful Gambling Organizations at Hall<br><b>STATE FORM LG 215 (copy)</b> | Yes___No___ |
| 2) | Schedule of Bingo Activity With<br>All Lawful Gambling Organizations at Hall  | Yes___No___ |
| 3) | Class N License Application<br><b>CITY FORMS</b>  | Yes___No___ |
| 4) | Bingo Hall License Fee/Payment Attached<br>\$179.00 (CITY OF SAINT PAUL)  | Yes___No___ |

Additional information on City licenses is available by contacting Department of Safety and Inspections /Lawful Gambling Enforcement at 266-9114.

Allow 60 days to process your application through the city. The application must be approved by the St. Paul Zoning, License, Fire and Police Departments before it can be approved.

Attachments:

- 1) Workers Comp/Tax ID
- 2) Class N City of Saint Paul Bingo Hall License Application
- 3) St. Paul Bingo Hall Ordinance

08/2005

Received By:\_\_\_\_\_ Date:\_\_\_\_\_



## CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS

8 FOURTH STREET EAST, SUITE 200

ST. PAUL, MINNESOTA 55101-1024

Phone: 651-266-9090 Fax: 651-266-9124

Visit our Website at: [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

## CLASS N LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

*Payment must be received with Each Application*

*{This application is subject to review by the public}*

Types of License(s) being applied for: (Office Use Only)

Fees

Total	

Anticipated Date of Opening: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Company Name: \_\_\_\_\_ ( Circle: Corporation Partnership Sole Proprietorship )

If business is incorporated, give date of incorporation: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Address (business location): \_\_\_\_\_

Street (#, Name, Type, Direction) City State Zip + 4

Between what cross streets is the business located? \_\_\_\_\_ Which side of the street? \_\_\_\_\_

Mail To Address (if different than business address): \_\_\_\_\_

Street (#, Name, Type, Direction) City State Zip + 4

### APPLICANT INFORMATION:

Name and Title : \_\_\_\_\_

First Middle (Maiden) Last Title

Home Address: \_\_\_\_\_

Street (#, Name, type, Direction) City State Zip + 4

Date of Birth: \_\_\_\_\_ Place of Birth : \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Driver License: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, please provide a copy of your work authorization from US Immigrations)

Have you ever been convicted of any felony, crime or violation of any city ordinance other than traffic? YES \_\_\_\_ NO \_\_\_\_

Date of Arrest: \_\_\_\_\_ Where? \_\_\_\_\_

Charge: \_\_\_\_\_

Conviction: \_\_\_\_\_ Sentence: \_\_\_\_\_

List licenses which you currently hold, formerly held, or may have an interest in: \_\_\_\_\_

Have any of the above named licenses ever been revoked? \_\_\_\_ YES \_\_\_\_ NO If yes, list the dates and reasons for revocation: \_\_\_\_\_

Are you going to operate this business personally? \_\_\_\_ YES \_\_\_\_ NO If not, who will operate it? \_\_\_\_\_

First Name Middle Initial (Maiden) Last Date of Birth

Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, please provide a copy of your work authorization from US Immigrations)

\_\_\_\_ (\_\_\_\_)

Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**APPLICANT INFORMATION (Continued) :**

Are you going to have a manager or assistant in this business? \_\_\_\_\_ YES \_\_\_\_\_ NO If the manager is not the same as the Operator, please complete the following information:

\_\_\_\_\_  
First Name Middle Initial (Maiden) Last Date of Birth  
Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, please provide a copy of your work authorization from US Immigrations)

\_\_\_\_\_  
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**Licensee Work History**(list name, address and phone number of all employers for the previous 5 year period)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all other officers of the corporation (use additional pages if necessary):**

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth	US Citizen? Yes or No
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you answer No to being a US Citizen above, please provide a copy of your work authorization from US Immigrations

**If business is a partnership, please include the following information for each partner (use additional pages if necessary):**

\_\_\_\_\_  
First Name Middle Initial (Maiden) Last Date of Birth  
Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, please provide a copy of your work authorization from US Immigrations)

\_\_\_\_\_  
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

\_\_\_\_\_  
First Name Middle Initial (Maiden) Last Date of Birth  
Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No (If no, please provide a copy of your work authorization from US Immigrations)

\_\_\_\_\_  
Home Address: Street (#, Name, Type, Direction) City State Zip + 4 Phone Number

**MINNESOTA TAX IDENTIFICATION NUMBER**

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Identification Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

**Minnesota Tax Identification Number:** \_\_\_\_\_

☐ If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box.

**CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182**

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage from \_\_\_\_\_ to \_\_\_\_\_

I have no employees covered under workers' compensation insurance \_\_\_\_\_ (INITIALS)

**ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED  
WILL RESULT IN DENIAL OF THIS APPLICATION**

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

\_\_\_\_\_  
**Signature (REQUIRED for all applications)**

\_\_\_\_\_  
**Date**

**PREFERRED METHODS OF COMMUNICATION FROM THIS OFFICE**

(please rank in order of preference – "1" is most preferred):

\_\_\_\_\_ Phone Number with area code: (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

\_\_\_\_\_ Phone Number with area code: (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Check the type of Phone Number listed above: ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

\_\_\_\_\_ Mail: \_\_\_\_\_  
Street (#, Name, Type, Direction) City State Zip + 4

\_\_\_\_\_ Internet: \_\_\_\_\_  
E-Mail Address

**\*\* Note:** If this application is Food/Liquor related, please contact a City of Saint Paul Health Inspector, Brian Krawiecki (651-266-9134), to review plans.

If any substantial changes to structure are anticipated, please contact a City of Saint Paul Plan Examiner at 651-266-9007 to apply for building permits.

If there are any changes to the parking lot, floor space, or for new operations, please contact a City of Saint Paul Zoning Inspector at 651-266-9008.

**All applications require the following documents. Please attach these documents when submitting your application:**

1. A detailed description of the design, location and square footage of the premises to be licensed (site plan).  
The following data should be on the site plan (preferable on an 8 ½" X 11" or 8 ½" X 14" paper):
  - Name, address, and phone number.
  - The scale should be stated such as 1" = 20'. ^N should be indicated toward the top.
  - Placement of all pertinent features of the interior of the licensed facility such as seating areas, kitchens, offices, repair area, parking, rest rooms, etc.
  - If a request is for an addition or expansion of the licensed facility, indicate both the current area and the proposed expansion.
2. A copy of your lease agreement or proof of ownership of the property.

**We will accept payment by Cash, Check (made payable to City of Saint Paul) or Credit Card (American Express, Discover, MasterCard or Visa).**

<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa										<b>Expiration Month/Year</b> → →					
Enter Account Number →															

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**

**SPECIFIC LICENSE APPLICATIONS REQUIRE ADDITIONAL INFORMATION.**

<b>Cabaret Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Conversation/Rap Parlor Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Entertainment</b>	Please specify class A, B, or C license; obtain and attach signatures of approval from 90% of your neighbors within 350 feet of the establishment for B and C licenses. This license must be applied for in conjunction with a Liquor, Wine, Malt On Sale or Rental/Dance Hall license.
<b>Firearms</b>	Please attach a letter with the following information: state if selling or only repairing, Federal Firearms License Number, type of Armed Services discharge (Honorable, General Bad Conduct, Undesirable, Dishonorable, or no military service. (NOTE: Establishment must be commercially zoned.)
<b>Game Room</b>	Please provide the following information: name of machine and list price. (NOTE: A Pool Hall license is required if there are any pool tables in the establishment.
<b>Health/Sports Club Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Liquor On/Off Sale</b>	Refer to attached liquor application
<b>Massage Center</b>	Refer to attached massage application checklist.
<b>Massage Center Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Massage Practitioner</b>	Refer to attached massage application checklist.
<b>Motorcycle Dealer</b>	Please include State of Minnesota Dealer Application.
<b>New Motor Vehicle Dealer</b>	Please include State of Minnesota Dealer Application.
<b>Parking Lot or Parking Ramp</b>	Please include the number of parking spaces, and attach plans containing a general description of the security provided at the lot/ramp, a site plan showing driveways of the proposed lot and the legal description of the property (this requirement is necessary only if no site plan is currently on file). Attach a cover letter describing your plans to comply with the lighting and painting requirements.
<b>Pawnbroker</b>	Please attach \$5,000.00 Surety Bond.
<b>Second Hand Dealer (Antiques/Computer/Electronics)</b>	Please include written hours of operation and address of where records will be kept.
<b>Second Hand Dealer (Motor Vehicle)</b>	Please include the State of Minnesota Dealer Application.
<b>Second Hand Dealer (Motor Vehicle Parts)</b>	Please attach \$5,000.00 Surety Bond.
<b>Steam Room/Bath House Adult</b>	Please attach written proof that each employee is at least 18 years old.
<b>Theater Adult</b>	Please attach written proof that each employee is at least 18 years old.

# Zoning Summary Sheet\*

License ID# (Office Use) \_\_\_\_\_

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

**\*Zoning approval will not be granted for this license request without this information.**

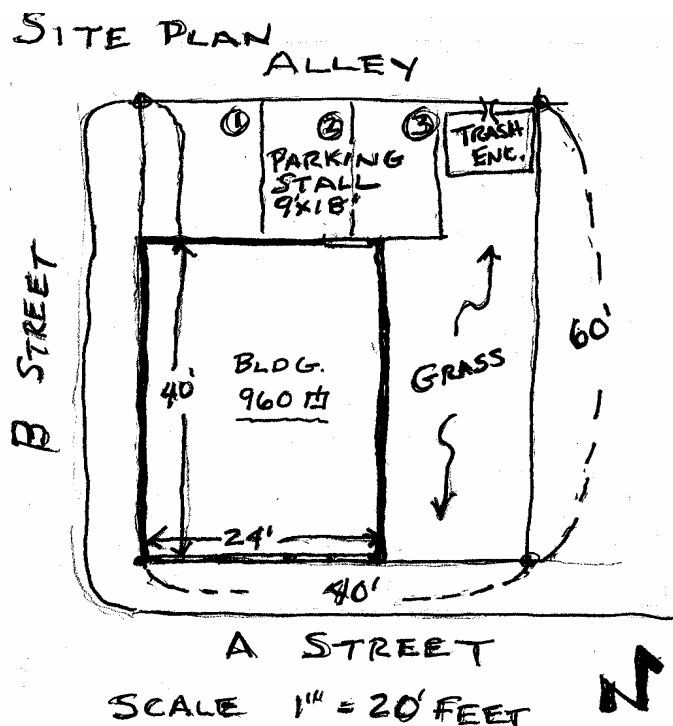
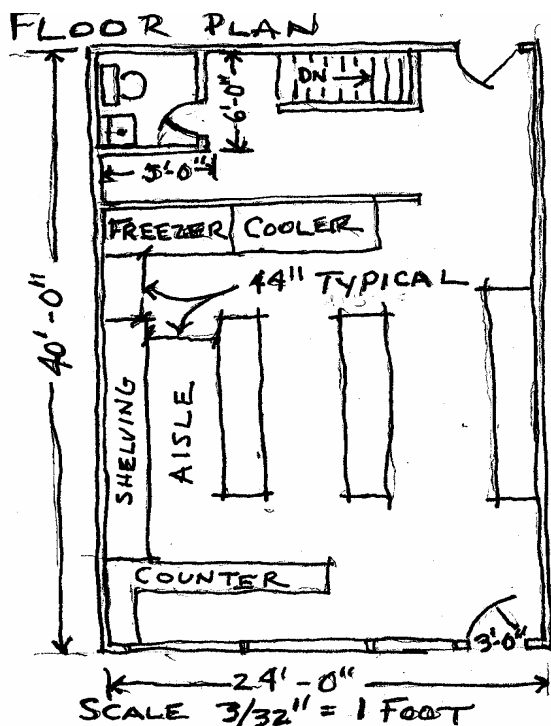
Business Address \_\_\_\_\_ Business Type \_\_\_\_\_  
Street Address

Business Name \_\_\_\_\_

Licensee/Owner Name: \_\_\_\_\_ Day Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Responsible Party) First Middle Maiden Last

Please answer question 1 - 6. You will also need to answer question 7 - 15 if you are applying for a restaurant license.  
Contact the zoning inspector at 651/266-9083, if you have questions about the information needed on this form.

1. What is the gross floor area for this business? _____ square feet.	7. Do you intend to have a drive-thru window? ____ yes ____ no
2. What was the previous use of this space? _____	8. Will you have a permanent menu board? ____ yes ____ no
3. How many off-street parking spaces are provided for this business? _____	9. Do you intend to serve liquor? ____ yes ____ no
4. How many different uses are in the building? _____	10. Is this a restaurant associated with a Chain or franchised business? ____ yes ____ no
5. What are these uses? _____	11. Will customers pay for their food before consuming it? ____ yes ____ no
6. Do you own the property or are you leasing it? _____	12. Is a self-service condiment bar proposed? ____ yes ____ no
	13. Are trash receptacles provided for self-Service bussing? ____ yes ____ no
	14. Will there be hard finished, stationary seating? ____ yes ____ no
	15. Are your main course food items Prepackaged ____ or made to order? ____



## Chapter 403. Bingo Halls\*

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- [Sec. 403.01. License required.](#)
  - [Sec. 403.02. Exception.](#)
  - [Sec. 403.03. Fee.](#)
  - [Sec. 403.04. Licensing requirements.](#)
  - [Sec. 403.05. Distance between bingo halls.](#)
  - [Sec. 403.06. Reserved.](#)
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**\*Editor's note--**This chapter is derived from Code 1956, § 410.19; Ord. No. 17192, adopted Dec. 13, 1984; and Ord. No. 17193, adopted Dec. 13, 1984.

**Cross reference(s)--**Gambling, Ch. 270; lawful gambling, Ch. 402; game rooms, Ch. 406.

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### **Sec. 403.01. License required.**

No person, being the owner, manager or in control of any building as defined in section 60.202 of the Saint Paul Legislative Code, shall rent or lease that building to any organization for the purpose of conducting the game of bingo, or permit the game of bingo to be played or conducted in said building, without a license.

### **Sec. 403.02. Exception.**

No license shall be required if the game of bingo is conducted on two (2) or fewer occasions in any week in the building.

### **Sec. 403.03. Fee.**

The fee is as set forth in Saint Paul Legislative Code section 310.18.  
(C.F. No. 03-125, § 1, 3-5-03)

### **Sec. 403.04. Licensing requirements.**

(a) *Application.* The application shall contain, in addition to other information required by the inspector, the name and address of the owner, the names and addresses of all shareholders and officers if the owner is a corporation or other association, the names of all tenants of the building, and which tenants will be conducting the game of bingo on the premises.

(b) *Inspection, etc.* The building shall be inspected prior to issuance of the license by the appropriate officials from the department of fire and safety services, the division of housing and building code enforcement, and the division of public health. No building shall be licensed unless it complies with the requirements of the zoning, fire, building, health and sanitation codes of the City of Saint Paul and State of Minnesota.

### **Sec. 403.05. Distance between bingo halls.**

(a) *Minimum distance established.* A minimum distance of two (2) miles shall be required between buildings licensed for bingo halls under the provisions of this chapter. This minimum distance requirement shall not be applicable where the license is to be held in a place located in the downtown business district as defined in section 411.04(b)(4) of this Code.

(b) *Waiver of distance requirement.* The minimum distance requirement herein imposed may, to promote responsible ownership and accountability, be waived by the council upon: a finding by the council that the location of the proposed site would provide economic development benefits without significant negative impacts on residential or commercial uses; provided, however, that (1) the waiver could allow no more than one licensed bingo hall within two miles of another licensed bingo hall, and (2) such a waiver could not be granted to the fee owner of an existing, licensed bingo hall within a two-radius.

(c) *No consideration for consent to waivers.* No licensee under this chapter shall request, accept or keep any consideration in return for his or her consent to the location of a proposed bingo hall as provided under subsection (b) above. No applicant for the location of a proposed bingo hall shall pay or offer to pay any consideration to any person in return for obtaining a consent to the location of a bingo hall in a specific location as provided in subsection (b) above. "Consideration" for the purpose of this section means and includes any and all legal consideration, money, real or personal property, promises or contractual obligations, negotiable or other instruments given to or received by any person, including the licensee, his or her friends or relatives, his or her creditors, any other person acting on his or her behalf, and any other person at the direction of the licensee.

(d) *Adverse action authorized.* The council may consider and impose adverse action against any person, firm or corporation holding any license of the city, or against any applicant for any such license, after notice and hearing as provided in section 310.05 of the Legislative Code, based on a violation of the prohibitions contained in subsection (c) above, as well as on other violations of law or ordinance relating to such a matter.

(Ord. No. 17392, § 1, 8-28-86; Ord. No. 17663, § 1, 6-29-89; Ord. No. 17904, § 1, 1-28-92; C.F. No. 96-393, § 1, 5-8-96; Ord. No. 00-314, § 1, 5-3-00)

**Sec. 403.06. Reserved.**

**Editor's note--**C.F. No. 96-393, § 2, adopted May 8, 1996, repealed § 403.06, which pertained to bingo equipment.